

M06000003064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

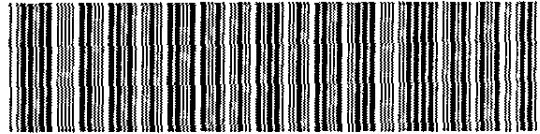
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA



CT

a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
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September 10, 2007

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 6770996 WO
Customer Reference 1: None
Customer Reference 2: Name Change Maximum

Dear Department of State, Florida:

Please obtain the following:

DMI Brokerage LLC (IL)
New Name: New Name: Maximum Independent Brokerage LLC
Evidence of Amendment
Florida

DMI Brokerage LLC (IL)
New Name: New Name: Maximum Independent Brokerage LLC
Assumed Name - Cancellation - Cancellation of Assumed Name
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

File
15x

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of
State: DMI BROKERAGE, LLC
2. Jurisdiction of its organization: Illinois
3. Date authorized to do business in Florida: 06/02/2006

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the
change effected under the laws of its jurisdiction of organization? 08/30/2007
5. New name of the limited liability company: Maximum Independent Brokerage, LLC
6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected
and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned
amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Signature of a member or the authorized
representative of a member

Joseph Messina, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number

0000000-0



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ARTICLES OF AMENDMENT WERE FILED ON AUGUST 30, 2007, CHANGING THE LIMITED LIABILITY COMPANY NAME FROM DMI BROKERAGE, LLC TO MAXIMUM INDEPENDENT BROKERAGE, LLC.*****



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 31ST day of AUGUST A.D. 2007 .

Jesse White